VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

April 24, 2019

Ms. Allyson Sweeney, Manager
The Residence At Shelburne Bay East
185 Pine Haven Shores Road
Shelburne, VT 05482-7805

Dear Ms. Sweeney:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 27, 2019.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 1009 | A. BUILDING _____ B. WING _____ | C 03/27/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE RESIDENCE AT SHELBURNE BAY EAST | 185 PINE HAVEN SHORES ROAD SHELBURNE, VT 05482 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| R100 | Initial Comments:<br><br>An unannounced on-site visit was conducted by the Division of Licensing and Protection on 3/27/19. The following regulatory regulations were identified: | R100 | R100<br>Initial comments: The submission of this plan of correction does not imply agreement with the existance of a deficiency. It is submitted in the spirit of cooperation, to demonstrate our continued commitment to continued improvement in the quality of our residents' lives. | |
| R165 SS=E | V. RESIDENT CARE AND HOME SERVICES<br><br>5.10 Medication Management<br><br>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:<br><br>(3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for:<br>i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects;<br>ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications;<br>iii. Assessing the resident's condition and the need for any changes in medications; and Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview and medication administration observation, the facility Registered Nurse (RN) failed to ensure that for 3 of 3 applicable residents sampled, who receive Insulin injections, have their Insulin Pens handled/stored | R165 | R165 5.10.d<br>The insulin pens for Residents #1, #2, and #3, were discarded and new pens put into use. The new insulin pens were dated upon opening, as per manufacturer recommendations.<br><br>In order to ensure that the deficient practice does not recur, the RN who is responsible for med tech training has been educated regarding the storage and handling of insulin pens.<br><br>All med techs and nurses will receive training regarding the proper way to store and handle insulin pens, including the dating of the pen once it is put into use.<br><br>The med tech training book will be revised to include information on the proper handling and storage for insulin pens.<br><br>In order to ensure that the deficient practice does not recur, the RCD or designee will audit 3 resident med drawers per month, through June 31, 2019. Med drawers will be checked specifically for insulin pens, and correct storage dates. | |



R165 - R188 POC's accepted 4/24/19 MBerthiaume RN/PMC

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| R165 | Continued From page 1<br>according to the manufacturer's recommendations (Resident #1, #2, and #3). The RN also failed to fully train the medication technicians on the storage of insulin after the pens were put in use and failed to develop policies on the storage of injectable insulin pens. The finding includes the following:<br><br>1. Per observation on 3/27/19 at approximately 9 AM, the medication technician was observed preparing and administering injectable insulin via insulin pen to Resident #1. After the insulin was administered the pen was examined by the surveyor and identified that the pen did not identify when it was put in use. Confirmation was made by the Medication Technician at that time, that there is no date on the pen identifying when it was put in use.<br><br>2. Per inspection of Insulin Pens on 3/27/19 at approximately 10:45 AM in the presence of the Medication Technician, Insulin Pens for Residents #2 and #3 were found to be open, in use, with no date identifying when the pens were put in use Confirmation was made by the Medication Technician at this time, that there is no date identifying when the pens was put in use.<br><br>Confirmation was made by the Director of Resident Care, on 3/27/19, that the facility cannot locate policies related to the storage of Insulin Pens or the manufacturers recommendations for storage.<br><br>According to manufacturer's recommendations, one opened, Lantus and Humalog Insulin Pens should be stored at room temperature (59 degrees F - 86 degrees F) for 28 days. | R165 | | |

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| R188 | Continued From page 2 | R188 | R188 5.12.b.(2)<br><br>The resident identification pictures will be obtained and uploaded to the EMR.<br><br>In order to ensure that the deficient practice does not recur, each resident will have the identification picture obtained at the time of admission. The facility has designated a dedicated staff member to complete this task. The staff member will track admissions and ensure that each resident has a current photo on file.<br><br>In order to ensure adequate monitoring, the RCD or designee will audit 3 resident records per month until June 31,2019. The RCD or designee will ensure timely entry of the pictures into the EMR.<br><br>All corrective action plans for this deficiency statement will be completed by May 15, 2019 | |
| R188 SS=B | V. RESIDENT CARE AND HOME SERVICES<br><br>5.12.b.(2)<br><br>A record for each resident which includes; resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, record review and confirmed by staff interview, the facility failed to ensure that 27 out of 57 resident records contained a recent photograph on file for each of those residents. The findings include the following:<br><br>Per review of the Electronic Medical Record, it was identified on 3/27/19 during an 8 AM medication audit, five (5) residents on the 1st floor, five (5) residents on the 2nd floor, thirteen (13) residents on the 3rd floor and four (4) residents on the fourth floor did not have a current picture on file for identification. Confirmation was made by the medication technicians and the Licensed Practical Nurse at | R188 | | |

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| R188 | Continued From page 3<br>the time, that the pictures have not been taken.<br><br>Confirmation was made by the Director of Resident Care on 3/27/19 at approximately 11 AM, that it is the responsibility of the Medication Technicians, the Registered Nurses, the Licensed Practical Nurses and the Director of Resident Care to ensure that each resident's picture has been obtained and maintained. The admission overview check list does identify that a picture of the resident is to be taken and uploaded into the point-click-care (electronic medical record). | R188 | | |